

**Testimony of the National Alliance on Mental Illness (NAMI) Connecticut  
Before the Appropriations Committee  
February 23, 2017**

**Department of Mental Health and Addiction Services (DMHAS),  
Department of Public Health (DPH) and Housing budget**

**Governor's H.B. 7027 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM  
ENDING JUNE THIRTIETH 2019, AND MAKING APPROPRIATIONS THEREFORE**

Good evening Senators Osten and Formica, Representative Walker and members of the Appropriations Committee. My name is Daniela Giordano and I am the Public Policy Director for the National Alliance on Mental Illness (NAMI) Connecticut. NAMI Connecticut is the state affiliate of NAMI, the nation's largest grassroots mental health organization dedicated to building better lives for all those affected by mental health conditions. NAMI Connecticut offers support groups, educational programs, and advocacy for quality of life for individuals and families in the community. I am here today on behalf of NAMI Connecticut to express deep concern about the proposed budget for FY2018 as they relate to the Department of Mental Health and Addiction Services (DMHAS) and the Department of Public Health (DPH), plus support for the Housing related budget items. I am focusing on FY2018 only, for brevity's sake and because we know that FY2019 will very likely be adjusted again next year.

We continue to understand the fiscal challenges Connecticut continues to face and that hard decisions will need to be made by legislators and other policy makers. At the same time, I want to share my deep concern about the numerous and multi-layered proposed cuts to mental health services and the negative impact on individuals who live with mental health and substance use conditions and who utilize and benefit from these services, and their families. It needs to be stressed that **individuals' needs for community services, supports and housing do not go away when services go away**. On the contrary, within a (sometimes) rather short amount of time, essential service cuts often lead to the use of higher-end/higher-cost services like emergency rooms and hospitals, or lead to homelessness. These consequences then cost the state considerably more money across systems, on top of the immense human impact.

One of the overall issues that is important to understand about the Department of Mental Health and Addition Services' (DMHAS) budget is that even at *current* funding levels there are often not enough services, and to *cut funding even further* would have a devastating impact both in human and fiscal terms by reducing access, increasing waiting times, delaying positive health and quality of life outcomes, and costing more in higher-end and crisis interventions. Last year's cuts of close to eight percent of the DMHAS budget plus additional holdbacks later in the year, have already impacted the access to services and supports. Carrying forward and annualizing last years, FY2017, holdbacks reduces the DMHAS system by \$14 million.

Highlighted here are only a select number of proposed cuts and changes – which we oppose – and their likely impacts on our family members, friends, and neighbors:

**DMHAS budget:**

- **Legal Services/CT Legal Rights Project:** a \$416,000 cut each of the next two years (\$388K cut plus annualization of \$28K cut in FY 2017) would *eliminate housing advocacy* that saves the state money by avoiding unnecessary hospitalization costs such as an emergency room visit (\$666 *per housing case* vs. \$2,152 *per one ER visit*). A cut of this size would result in significant staff reductions, thereby also undermining CLRP's capacity to represent clients on other legal issues, including but not limited to education and employment discrimination. The 550+ clients CLRP represents each year in housing matters would no longer receive these cost-effective services that would otherwise help prevent people's homelessness. Please note that over the last three years, every single client represented by this legal service organization in a housing legal matter either maintained housing or had access to housing when the case was closed.
- **Regional Mental Health Boards:** Consolidation of and a \$1.2million cut to Regional Mental Health Boards (RMHBs) and Regional Action Councils (RACs), would essentially *eliminate* the Regional Mental Health Boards and most of the Regional Action Councils. With an average of 2 staff each, RMHBs mobilize over 500 volunteers collectively. The boards inform and influence best practice, policy and access to services, and do so in an essential and unique way by involving all stakeholder groups (such as people in recovery, family members, town residents and service providers). The boards' and councils' collaboration help bring in \$23 million dollars in federal funds to the state. For over 40 years, the RMHBs have been a vital liaison between the state, local communities and service providers to assess needs, evaluate services, and educate communities on a diverse range of mental health initiatives, concerns and opportunities. The RACs provide prevention, training, and assessment of addiction related conditions in the community. Both have distinct missions and are essential in their own right to the communities they serve.
- **Grants for Mental Health, Substance Use and Employment Opportunities:** Consolidating these three budget line items into one and cutting it by close to \$4.7 million would reduce access to community outpatient services and employment supports.
- **Young Adult Services:** Cuts of close to \$4.5 million may not impact current programming but would likely have an impact and limit on what supports additional young adults (between the ages of 18 -25 would with a history of DCF involvement and major mental health issues) have access to. Services include clinical, case management, educational and/or employment supports and residential assistance.
- **Community Based Services:** Consolidating Home and Community Based Services and TBI (Traumatic Brain Injury) Community Services into one Community Based Services line item and cutting it by close to \$1.4 million will likely have some negative impact on access. These services are crucial for individuals to be able to live successfully in the community.

The one distinct silver lining in the DMHAS budget – and also reflected in the Department of Housing (DOH) budget – is the continued commitment to housing and homelessness issues. We are making great strides toward ending all forms of homelessness in Connecticut, improving the lives of those who have experienced homelessness and improving our communities that have struggled with this issue. In order to maintain this positive momentum, we are asking for the support of the Administration and the Legislature for continued investments in effective solutions. This includes the following:

**DMHAS budget:**

- ✓ **Housing Supports and Services:** We strongly support maintenance of these services and supports at \$23.3 million in the DMHAS budget to support individuals to live quality lives in the community. This will allow individuals to benefit from the proven, effective and cost effective model of Supportive Housing.
- ✓ **Behavioral health services for low-income adult and Money Follows the Person (MFP):** Supporting new case load growth in both these areas is part of supporting people's health and help people move from institutional care (like nursing homes) into community living.

**DOH budget:**

- ✓ **Housing and Homelessness services:** maintained at \$73.3 million will allow CT residents to exit homelessness and/or maintain stable housing in the community, including through Supportive Housing.
- ✓ **Money Follows the Person (MFP):** MFP's Rental Assistance Placements (RAPs) are funded at \$2 million in each year. Additionally, caseload growth for MFP is funded at \$1.8 million, to meet projected transitions. Money Follows the Person helps Medicaid-eligible individuals who currently live in long-term care facilities – such as nursing homes or hospitals – to successfully transition back into the community.
- ✓ **Homeless Youth Program:** maintains its funding at \$2.3 million – and is transferred to the Department of Housing (from Department of Children and Families). This programs supports youth who experience housing instability or homelessness by providing crisis response services, outreach, and housing services and supports. Having access to such services benefits youth's health and wellbeing, including their mental health, by supporting them with the foundation of stability, a safe place to call home.

Providing homes for people who have been homeless has saved the state and its municipalities millions of dollars by reducing the use of hospitals, nursing homes, prisons, and other temporary, costly responses.<sup>1</sup> Supportive Housing is a proven and cost-effective solution for individuals with mental health and substance use conditions to exit homelessness and move toward a better quality of life and greater community involvement.

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<sup>1</sup> Arthur Andersen, Connecticut Supportive Housing Demonstration Program (University of Pennsylvania Health System, Department of Psychiatry, Center for Mental Health Policy and Services Research, 2002).

**Living a quality life and living stably in the community, depends on having access to affordable, safe and appropriate housing along with supportive services, such as Supportive Housing offers. At the same time, we need to remember that for individuals who may not qualify for, or don't need the level of care that Supportive Housing offers, other interlinked services and supports, are crucially important to live a quality life in the community. These community based services and supports include case management, peer supports, legal services, access to affordable health care, advocacy and others.**

#### **DPH budget:**

Mental health services are also provided through the Department of Public Health (DPH). We oppose repeated cuts to **School Based Health Centers (SBHCs)**.

- The total cut of over \$1.1 million to SBHCs would amount to a ten percent cut this coming fiscal year, FY 2018 (and a \$2.5 million cut since January 2015). These reductions would likely result in more closures of SBHC sites and/or major reductions in services of existing Centers. This would leave children in these schools without the critical safety net services they are now receiving. The vast majority of children and youth who receive mental health services, do so in the school setting. SBHCs provide quality mental (and other health) care and reduce the barriers experienced more often in traditional mental health settings. Examples of these barriers include a child's not being singled out as accessing mental health care but simply going for health care, difficulty accessing care, and long wait times for appointments. SBHCs also reach underserved groups of students, including Latino and African American youth and contribute to greater health equity. This easy and effective access to health care also contributes to academic achievement and increased graduation rates.

Any one of these cuts and policy changes would have negative impacts on individuals who benefit from these services and supports. But it is the cuts and reductions in *their intersection with one another* for some of our most vulnerable residents which *compound their negative impact*. Imagine several of the proposed cuts being the building blocks for Connecticut residents' and voters' foundation of living well in the community, being able to pursue their goals and dreams and contributing to their communities.

Now imagine the cumulative effect if some of those building blocks are moved or taken away completely. For example, reducing or taking away completely mental health or substance use outpatient services (due to cuts to grants), plus when having an issue with a landlord, not being able to get legal assistance and maybe experiencing housing instability as a result (due to cuts to legal services), plus not being able to have their voice heard and be empowered by being part of local and statewide evaluation and advocacy efforts (due to cuts/elimination of regional mental health boards), plus only receiving reduced community based services (due to consolidation and a cut to community based services), plus changes to other social and human services (due to cuts in other state agencies) – what would life look like then? This is what some individuals will be facing if these proposed cuts become reality.

**We urge you to protect the health and wellbeing of our CT residents by supporting and not cutting funds for essential and core mental health services and supports!** Connecticut has made some great strides in expanding the range of services, supports and treatments offered and provided to people with mental health conditions, especially in the public sector, resulting in less use of high-end, high-cost services and increased health and quality of life for CT residents. This proposed budget would do great damage to these efforts and to individuals who are our neighbors, friends, family members and colleagues.

Thank you for your time and attention. Please let me know if you have any questions.

Respectfully,

Daniela Giordano, MSW  
*Public Policy Director*  
NAMI Connecticut